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Navy & Marine Corps Medical News
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MN013101. Cowan Takes Over As Navy's Top Doc
Washington, DC - VADM Michael L. Cowan, MC, will become the
34th Surgeon General of the Navy and the Chief of Department of the
Navy's Bureau of Medicine and Surgery Friday, Aug. 10, 2001.
He takes over from VADM Richard A. Nelson, MC, who retires from
the Navy after 34 years of service.
Cowan was the deputy executive director of the Department of
Defense's TRICARE Management Activity before being selected as Navy
Surgeon General. He has held a variety of clinical research,
operational, staff, and leadership positions with the Navy and
Marine Corps.
His is a native of Fort Morgan, CO, receiving his M.D. from
Washington University of Medicine in St. Louis, MO. He entered the
Navy in 1971, and was promoted to flag rank in 1996.
The change of command ceremony will be held at the Washington
Navy Yard in Washington, DC, at 2 p.m.

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MN013102. Lescavage Is New Director of Nurse Corps
Washington, DC - RADM Nancy J. Lescavage, NC, is the new
director of the Nurse Corps, responsible for policy development and
personnel management of more than 5,000 Navy nurses world-wide.
The change of office ceremony was held at 9:30 a.m. Friday, Aug.
10 at the Military Services of America Memorial near the entrance of
the Arlington National Cemetery, Arlington, VA.
Lescavage was also promoted to Rear Admiral, and has the
additional responsibility of being the Bureau of Medicine and
Surgery's assistant chief for health care operations.
Previously, she was the deputy assistant chief for healthcare
operations at the Bureau. Other assignments include commanding

officer of Naval Hospital Corpus Christi, TX; executive officer of Naval Hospital Great Lakes, IL; Congressional Fellow for Sen. D. K. Inouye; and a variety of other operational, staff and leadership positions.

She is a native of Port Carbon, PA. She received her nursing degree from St. Joseph Hospital School of Nursing in Reading, PA; BS from the University of Maryland, and a graduate degree from the University of Pennsylvania's School of Nursing/Wharton School of Business.

She has served in the Navy 29 years.

Lescavage takes over as Nurse Corps director from RADM Kathleen L. Martin, NC, who is also the Commander of National Naval Medical Center, Bethesda, MD.

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MN013104. New Research Confirms Ecstasy's Long-Range Damage
By Susan M. Koerner, Naval Forces Marianas

Guam - The club drug ecstasy has mushroomed into one of the most widely used, yet deadly, drugs making rounds on the street.

The early results of studies on humans show lasting brain damage in those who use the drug. The results were presented during the recent National Institute of Drug Abuse (NIDA) conference at the National Institutes of Health in Bethesda, MD.

In a study at University College in London, researchers studied current and former ecstasy users and compared them with people who smoked marijuana and abused alcohol. The results showed marked impairments on the memory and concentration tests of ecstasy users. Even after a year, these users had not shown any recovery of their memory.

"Alcohol abuse can cause damage to the brain," said BMC Jeffery Meyer, drug and alcohol abuse counselor at U.S. Naval Hospital Guam. "The fact that ecstasy does even more damage is startling."

The Navy has a zero tolerance stance on substance abuse. It is currently stepping up its methods to detect ecstasy and other synthetic drugs in urinalysis testing.

"We know it's prevalent and we know Sailors are using it," said Meyer. Part of the drug's popularity is that it leaves the body quickly, making it difficult to detect."

Published reports said that the military is increasing the frequency of random drug testing and implementing harsher penalties for first-time offenders. Anyone caught selling narcotics faces a court-martial.

Despite street talk to the contrary, Meyer cautions that the drug can be dangerous in many ways - even deadly.

When used in clubs or raves, users dance in close quarters, and they usually do not drink enough water. Dehydration and extreme body temperature has been the cause of death for many users, according to NIDA.

"It can raise your body temperature to as high as 108 degrees," Meyer said.

Psychological complications include confusion, depression, sleep problems, drug cravings, severe anxiety, and paranoia. The effects can sometimes last weeks after taking the drug.

Physical symptoms such as muscle tension, involuntary teeth

clenching, nausea, blurred vision, rapid-eye movement, faintness and chills or sweating are also side effects of the drug.

Medical evidence suggests that users who develop a rash, similar in appearance to acne, may be risking liver damage if they continue to use the drug.

Emergency room visits have skyrocketed as a result of ecstasy use. "Twenty-one hospitals in the U.S. reported an increase from 250 admissions in 1994 to 4,500 in 2000," Meyer added.

Since ecstasy is a synthetic drug, its potency varies, according to researchers. Users don't know what they are purchasing, with some dealers passing off concoctions of caffeine or dextromethorphan, an ingredient in cough syrup.

"You don't know what you're getting," Meyer said.

The drug affects the serotonin levels in the brain, forcing the serotonin out and changing the structure of the brain cell.

In addition to these changes in serotonin sites, scientists have found that ecstasy injures serotonin neurons. These neurons don't grow back in the normal fashion and might not grow back in the right location.

Meyer stressed the drug is highly addictive. "It's so important that they stop now if they are using it, before they destroy themselves, their lives and their families."

Active-duty military personnel who test positive for drug use are usually processed for an administrative discharge. If other circumstances, such as an assault or an arrest occur with the drug use, they could face additional charges under the Uniform Code of Military Justice (UCMJ).

Each command has a drug and alcohol program adviser who can refer Sailors or their family members to resources. Locally, outreach programs by the Mental Health Department are also available to commands.

For more information about ecstasy, go to navdweb.spawar.navy.mil and access the link "drugs of abuse."

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MN013104. Navy Researchers Support Non-Lethal Weapons Center
By Doris Ryan, Bureau of Medicine and Surgery

San Antonio, TX - The Joint Non-Lethal Weapons Human Effects Center of Excellence (JNLW HECOE) opened its doors recently, the first facility that will focus on reducing health risks of weapons designed to incapacitate but cause no long term effects on enemies.

The center will rely on the Navy's medical research unit at Brooks Air Force Base for safety studies on the biological effects of microwave devices and lasers.

"Working closely with our Army and Air Force partners through the HECOE, we'll provide the expertise to ensure that non-lethal weapons are evaluated during the acquisition process," said CDR Melvin J. Ely, MSC, officer-in-charge at the Naval Health Research Center Detachment (NHRC DET) at Brooks Air Force Base in San Antonio.

Recently, Navy researchers made a major contribution to an Air Force project evaluating the health effects of a non-lethal technology that uses millimeter-wave electromagnetic energy to stop advancing adversaries. Before field testing the new technology,

researchers determined the safe exposure levels to avoid severe eye injury.

NHRC DET researchers are also investigating the biological impact of directed energy to optimize the performance of Navy and Marine Corps personnel and enhance warfighter protection. Their work includes controlled laboratory experiments and field studies with deployed units during training and routine directed energy (DE) radiation. Sources of DE radiation include weapons using lasers and microwaves, and also telecommunications systems, radars, navigational systems, range finders, and target designators.

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MN013105. Hollywood Comes To NMC San Diego

By Doug Sayers, NMC San Diego

San Diego - "Finding Fish" has found Naval Medical Center San Diego. The New York Times best selling book about Navy Medicine's healing of a young man prone to violent outbursts, has been picked up by actor/director/producer Denzel Washington to be made into a movie for theatrical release. It will begin filming in October.

"Finding Fish" is the autobiographical story of former Sailor Antwone "Fish" Fisher. Fisher's violence led him into almost constant trouble while he was on active duty. Only when mental health professionals at NMC San Diego intervened was he able to turn his life around.

Fisher and the film production team visited San Diego in April and last week to talk to Navy psychiatrists and psychologists for "background." Fisher expressed his gratitude to the Navy numerous times during the visits.

"The Navy saved my life," he said.

On the second visit, the production crew looked at office spaces, passageways and waiting areas as potential use as sets. Eventually, near perfect spaces were discovered in one of the buildings that was once part of the old Naval Hospital San Diego. It will be "dressed" as the doctor's office, with complete views of San Diego's waterfront, the Coronado Bay Bridge and part of Naval Station San Diego.

Denzel Washington will play the doctor.

Filming is expected to begin at the center and other San Diego locations in October.

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MN013106. West Nile Virus Watched by Navy Environmental Health

By CAPT Bruce K. Bohnker, MC, Navy Environmental Health Center, Norfolk, VA

Norfolk, VA - In response to the potential threat of West Nile virus, the Navy Environmental Health Center and the Navy Disease Vector Ecology and Control Center, Jacksonville, FL, have expanded their watch for outbreaks of the disease.

Multiple sites along the U.S. East Coast are being monitored, including Pensacola and Jacksonville, FL; Beaufort, SC; Camp Lejeune, NC; Norfolk and Quantico, VA; Annapolis; MD; and Groton, CT.

Mosquito and bird surveillance are ongoing, and mosquito testing is being performed by the Army's Center for Health Promotion

and Preventive Medicine. The services are coordinating with state health officials and the Centers for Disease Control and Prevention.

For more information, contact CDR Michael Mann, MSC entomologist at the Navy Environmental Health Center, 757-462-5500, or visit the DOD Global Emerging Infection homepage, www.geis.ha.osd.mil.

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MN013107. This Month in Navy Medicine History

- Aug. 2, 1950: Medical Department personnel land with Marines in Korea.

- Aug. 4, 1950: First woman Navy doctor, LCDR Bernice R. Walters, MC, USNR, is assigned to duty aboard the USS Consolation.

- Aug. 4, 1947: Medical Service Corps is established.

- Aug. 8, 1908: Esther Voorhees Hasson is appointed as the Navy Nurse Corps first superintendent. By October 1908, the first twenty nurses, who later came to be called the "Sacred Twenty" had reported to the Naval Hospital in Washington, DC for orientation and duty.

- Aug. 11, 1902: First Navy Hospital Corps School established at Naval Hospital Portsmouth, VA. Max Armstrong, Hospital Apprentice, first class, received the first certificate of graduation from the school.

- Aug. 22, 1912: Dental Corps is established.

- Aug. 22, 1912: Act of Congress establishes ranks of Chief Pharmacist.

- Aug. 25, 1950: USS Benevolence capsizes in San Francisco Bay after collision with merchant ship. Twenty-three people lose their lives.

- Aug. 29, 1916: Act of Congress reorganizes the Hospital Corps establishing the ranks of Chief Pharmacist, Pharmacist (now Commissioned Warrant Officers, Hospital Corps); Chief Pharmacist's Mate, Pharmacist's Mates First, Second and Third Class and Hospital Apprentices First and Second Class.

- Aug. 30, 1950: U.S. Naval Dispensary, Yokosuka, Japan becomes a U.S. Naval Hospital.

- Aug. 31, 1842: The Bureau of Medicine and Surgery is established.

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MN013106. HealthWatch: Cataracts: To See or Not to See

By Aveline V. Allen, Bureau of Medicine & Surgery

How many of us wake up each morning and see with crystal clarity the sunlight through the windows or the gray clouds in the rain? Although many of us take this waking moment for granted, there are many who wake up and experience fuzzy or clouded vision.

This fuzzy or clouded vision could be a cataract. A cataract develops when the natural lens of the eye, the part of the eye responsible for focusing light and producing sharp images, becomes cloudy and hardens. The outcome is the loss of visual function.

Although it is widely believed that cataracts only affect the elderly, the truth is cataracts can form in persons of all ages - even at birth.

When a cataract is present at birth or shortly thereafter, it is called congenital cataract, and may be caused by congenital

infections such as rubella, maternal viral infection, or in conjunction with metabolic disorders.

"All children are screened for cataracts by their pediatricians," said CAPT John Avallone, MC, pediatric ophthalmologist at the National Naval Medical Center, Bethesda, MD. "Congenital cataracts, if caught early, can be effectively treated by surgery. If you have a family history of congenital cataracts, be sure to mention that to your child's pediatrician."

Adult cataracts often develop with age. Many people are genetically predisposed to cataracts, and the actual appearance of the cataract may be aggravated by environmental conditions.

Another more well known metabolic disease that contributes to cataract development is diabetes. This type of cataract develops slowly and painlessly with a gradual loss of vision. Studies show that most people develop some clouding of the lens after the age of 60, with about 50 percent of Americans ages 65 to 74 having cataracts, and 70 percent of those over 75 have it.

Cataracts may develop at different times, and can be aggravated by an eye injury, but in many cases, the cause of cataract is unknown.

Symptoms of cataracts include:

- cloudy, fuzzy, or filmy vision
- changes in the way you see color
- frequent changes in your eyeglass prescription
- impaired vision at night, especially while driving, caused by the effects of bright lights
- problems with glare from lamps or the sun
- halos around lights
- double vision, and a white or cloudy spot in the lens of the eye (the pupil, instead of being black appears milky or white).

Ways to reduce the chance of developing cataracts include controlling associated diseases, such as diabetes, and avoiding exposure to conditions that promote the development of cataracts. One primary prevention measure is wearing sunglasses. This can reduce the amount of UV light your eyes are exposed to during the day. Opticians can provide information about the best UV filtering sunglasses.

There is effective treatment for the disease, should you, like millions of Americans, get cataracts.

"If your vision is significantly affected by cataracts, the treatment is surgical removal of the natural lens and replacement with a synthetic lens," said Avallone. "This surgery can be performed at most major naval medical hospitals."

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